

OFFICE OF THE FEDERAL DEFENDER

EASTERN DISTRICT OF CALIFORNIA

801 I STREET, 3rd FLOOR

SACRAMENTO, CALIFORNIA 95814

(916) 498-5700 Fax: (916) 498-5710

*Daniel J. Broderick
Federal Defender*

*Linda Harter
Chief Assistant Defender*

December 15, 2006

FILED

DEC 19 2006

Mr. Michael S. Long
Attorney at Law
721 9th Street, #250
Sacramento, CA 95814

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY  DEPUTY CLERK

Re: **U.S. v. Maria Isabel Marfil**
Cr.S-03-038-DFL

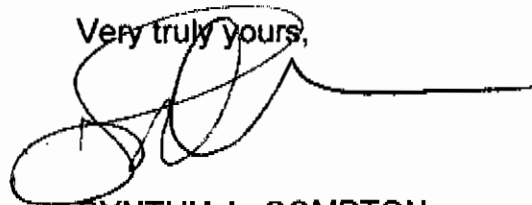
Dear Mr. Long:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: ☒ Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Martín, Maria Isabel		VOUCHER NUMBER																																																																																																																																						
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:03-000038-002		5. APPEALS DKT./DEF. NUMBER																																																																																																																																						
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Rapolla		8. PAYMENT CATEGORY Felony																																																																																																																																						
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																																								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1708.F -- THEFT OR RECEIPT OF STOLEN MAIL MATTER																																																																																																																																										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS LONG, MICHAEL D 721 9th Street Suite 250 SACRAMENTO CA 95814 Telephone Number: (916) 447-1965			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Dula a. Dyer</i> Signature of Presiding Judicial Officer or By Order of the Court Date of Order <u>11/22/2006</u> None Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																							
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																										
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